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PTO/SB/21 (09-04)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/612,266
Filing Date	July 1, 2003
First Named Inventor	Matthews Brown, Susan H.
Art Unit	3673
Examiner Name	Robert G. Santos
Attorney Docket Number	017242-010900US

## ENCLOSURES (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input checked="" type="checkbox"/> Drawings - Figures 1-4<br>2 Sheets                     | <input type="checkbox"/> After Allowance Communication to TC                                |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences      |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):          |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund  | Return Postcard   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
|  | <input type="checkbox"/> Landscape Table on CD   |   |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)           | Remarks  | The Commissioner is authorized to charge any additional fees to Deposit<br>Account 20-1430. |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete<br>Application   |  |   |
| <input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP
Signature	
Printed name	Darin J. Gibby
Date	March 7, 2005
Reg. No.	38,464

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Connie Larson
Date	March 7, 2005